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PATENT APPLICATION

Applicant(s): Gordon, et al. Case: DIVA/247CIP2
Serial No.: 09/539,228 Group Art Unit: 2697
Filed: March 30, 2000 Examiner: M. R. Demicco
Title: MESSAGING PROTOCOL FOR DEMAND-CAST
SYSTEM AND BANDWIDTH MANAGEMENT

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Laura E Crater *Laura E Crater* 6/30/04
Name Signature/Date

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RESPONSE UNDER 37 C.F.R. §1.111

This is in response to the non-final Office Action mailed April 7, 2004 (Paper No.
15).

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/539,228	
	Filing Date	March 30, 2000 JUN 30 2004	
	First Named Inventor	Gordon	
	Group Art Unit	2897	
	Examiner Name	M. R. Demicco	
Total Number of Pages in This Submission	10	Attorney Docket Number	DIVA/247CIP2

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (one sheet) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission
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Firm or Individual name	EAMON J. WALL, Reg. No. 39,414	
Signature	<i>E J Wall</i>	
Date	6/30/04	

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Typed or printed name	Laura E. Grater		
Signature	<i>Laura E Grater</i>	Date	June 30, 2004